

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 29  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Robert Rotolo**

Mailing Address PO Box 3376

City State Zip Code  
 Ridgeland MS 39158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Briar Hill Management

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 30 2015

**Transaction ID : C3222916**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. Leonard Russ**

Mailing Address 40 Keogh Lane

City State Zip Code  
 New Rochelle NY 10805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayberry Health Care

Occupation

Skilled Nursing Facility Owner & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 11 2015

**Transaction ID : C3207792**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. Michael Scharfenberger**

Mailing Address 7265 Kenwood Road  
 # 300

City State Zip Code  
 Cincinnati OH 45236-4414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nursing Care Management

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 03 2015

**Transaction ID : C3204768**

Amount of Each Receipt this Period

138.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7638.00